

CA30NHW I68
90R25
URBAN/MUNICIPAL

REPORT OF THE MENTAL HEALTH
COMMITTEE RESTRUCTURING SUB-
GROUP

Hamilton-Wentworth District
Health Council



Hamilton-Wentworth District Health Council
Conseil régional de santé de Hamilton-Wentworth

The attached "REPORT OF THE MENTAL HEALTH COMMITTEE RESTRUCTURING SUB-GROUP" provides background information and comments that formed the basis for restructuring the Mental Health Committee. It also identifies five sub-committees as being necessary in the initial restructuring, as follows:

- Children's Mental Health Sub-Committee
Chronic Psychiatrically Disabled Sub-Committee
Sub-Committee for Mental Health Services for the Elderly
Acute (General) Mental Health Care Sub-Committee
Sub-Committee on Transitional Aged Youth (aged 15 - 25)

Chronic Psychiatrically Disabled Sub-Committee

Sub-Committee for Mental Health Services for the Elderly

Acute (General) Mental Health Care Sub-Committee

Sub-Committee on Transitional Aged Youth (aged 15 - 25)

Section 2 gives the goal, terms of reference and suggested membership categories for the Parent Committee and all Sub-Committees except for Transitional Aged Youth. Broader-based input will be sought into the terms of reference and membership categories for this Sub-Committee before it is finalized.

REPORT OF THE
MENTAL HEALTH COMMITTEE
RESTRUCTURING SUB-GROUP

January, 1990
Hamilton-Wentworth District
Health Council

REPORT OF THE MENTAL HEALTH COMMITTEE RESTRUCTURING SUB-GROUP

As requested by the Mental Health Committee, the Restructuring Sub-Group has addressed the recommendation in the Report entitled "Proposal for the Development of Services for the Chronically Psychiatrically Disabled in Hamilton-Wentworth" regarding a changed structure for the Mental Health Committee.

In order to carry out its task, the following terms of reference were developed:

1. To prepare a report and recommendations for the existing Mental Health Committee to consider, for recommendation to Council, on restructuring the Committee.
2. To propose terms of reference and membership by classification for the Parent Committee (reporting to Council) and sub-committees (reporting to the Parent Committee).
3. To recommend a method of naming members and striking the new committee structure.

The group first identified seven functions that need to be addressed by the Parent Committee: planning, coordination, needs assessment, priority-setting, program monitoring and evaluation, education (both for professionals and the public), and health promotion and disease prevention.

Five specific sub-committees were then identified as being necessary in the initial restructuring. These sub-committees are to address mental health services for: children and adolescents; the chronic psychiatrically disabled; the geriatric population; transitional aged youth (16 - 25 years); and also a sub-committee to address acute (general) mental health care services.

The Parent Committee will be responsible for identifying which of the functions need to be carried out by the sub-committees (see Matrix - Figure 1).

Within the new structure, task forces on specific issues may be formed by each sub-committee.

The third level within the new structure relates to linkages within the overall network and to the broader community, including mental health service providers (both health and non-health funded agencies), other relevant planning and coordinating committees (e.g. Coordinating Committee for the Developmentally Handicapped), consumers and family caregivers. The Parent Committee will be responsible for organizing two workshops a year. One of the

FUNCTIONS WITHIN MENTAL HEALTH COMMITTEE STRUCTURE
FOR PARENT COMMITTEE AND SUB-COMMITTEES

PARENT COMMITTEE	SUB-COMMITTEES				
	CHILD & ADOLESCENT	CHRONIC PSYCHIATRICALY DISABLED	MENTAL HEALTH CARE FOR THE ELDERLY	GENERAL (ACUTE) CARE	TRANSITIONAL AGED YOUTH
PLANNING					
COORDINATION					
NEEDS ASSESSMENT					
PRIORITY-SETTING					
PROGRAM MONITORING AND EVALUATION					
EDUCATION (for Professionals and Public					
HEALTH PROMOTION AND DISEASE PREVENTION					

FIGURE 1

workshops could focus on a specific issue that is considered to be of high priority; the other workshop, however, will be to provide an opportunity to advise the broader community of the activities and achievements of the Committee over the past year, thus strengthening the accountability of the Committee. Figure 2 shows the organization chart for the restructured Committee.

It should be kept in mind that representatives from the overall network could be participants on sub-committees and/or task forces as well.

The goal, terms of reference, and suggested membership for the Parent Committee and four of the five sub-committees were developed, and are included for review and approval prior to submitting them to Council (see Section 2).

Recommendations for members to the Parent Committee will be made to Council for their approval, and future appointments will be recommended by the Parent Committee for Council approval. Chairmen of Sub-Committees will be appointed by the Parent Committee on an annual basis. Other members of sub-committees will be recommended to the Parent Committee for approval, as well as replacement of members as required.

The goal, terms of reference and suggested membership for the Transitional Aged Youth sub-committee are still to be developed.

The District Health Council will assign a staff resource person and secretarial support for the Parent Committee. Sub-Committees will be assigned a staff resource person, but secretarial support for minute-taking will not be possible. It is recommended, therefore, that sub-committees appoint a member to record minutes of their meetings as they see appropriate. Agendas, typing of minutes, background information, and mailing of meeting packages will be handled by the District Health Council for the Parent Committee and Sub-Committees. The cost of meetings, i.e. coffee, etc. will be covered by the District Health Council.

Along with the specific terms of reference, there were a number of comments from members of the sub-group, information obtained at the Orientation Conference on the Graham Report in September, 1989, and from the Health Council itself. These are outlined below.

- 1) Although the Addictions Committee is now a Standing Committee reporting directly to the Health Council, it was felt there is a need to maintain a linkage between the two committees to address the needs of those persons with both addictions and psychiatric problems. The solution appears to be cross-appointments of one or more persons between these two committees.

- 7) Currently, Council is conducting a multicultural health needs study, and consideration should be given to issues related to providing services to our multicultural population in Hamilton-Wentworth.
- 8) Provision of psychiatric services to those involved with the penal system should be of special consideration for the Parent Committee and the sub-committees.

SECTION 2

GOAL, TERMS OF REFERENCE AND SUGGESTED MEMBERSHIP FOR
PARENT COMMITTEE AND SUB-COMMITTEES

MENTAL HEALTH PARENT COMMITTEE

GOAL

To provide a forum for communication, education and information exchange among service providers, administrators, boards of trustees, and consumers in order to facilitate the planning, development, coordination and maintenance of a comprehensive system of mental health care services in Hamilton-Wentworth.

TERMS OF REFERENCE

- 1) To report directly to the District Health Council and to prepare a written report on its activities on an annual basis or as requested by the District Health Council.
- 2) To utilize, among others, the following resources in future planning:
 - a) "Building Community Support for People: A Plan for Mental Health in Ontario" (Graham Report), July, 1988
 - b) "Report of the Task Force on Care for the Psychiatrically Disabled" (Christopherson Report), July, 1988
 - c) "Proposal for the Development of Services for the Chronically Mentally Disabled" (Sub-Group Report), November, 1988

and to monitor the implementation of the recommendations contained in these and other reports as they relate to the District Health Council.

- 3) To ensure that the following functions related to the mental health care system in Hamilton-Wentworth are carried out:
 - planning
 - coordination
 - needs assessment
 - priority-setting
 - program monitoring and evaluation
 - education (public and professionals)
 - health promotion/prevention

and to identify the role of sub-committees in relation to these functional areas.

- 4) To address at least the following areas of special needs:
 - a) children and adolescents
 - b) chronic psychiatrically disabled
 - c) geriatric psychiatry
 - d) general (acute) care
 - e) transitional aged youth (16 - 25 years old)
- 5) To approve the membership and the terms of reference of sub-committees that may be required.
- 6) To maintain a collaborative relationship with the Faculty of Health Sciences, Department of Psychiatry, in all areas affecting mental health services.
- 7) To recommend the allocation and reallocation of resources for existing and new funds for mental health services and related community support services, and to encourage programs and agencies to seek non-Ministry of Health funds where appropriate.
- 8) At the request of the Health Council, to respond to Ministry of Health or other external planning initiatives and changes in legislation as they affect mental health care in Hamilton-Wentworth.

MEMBERSHIP

- 1) The Parent Committee shall be normally chaired by a Health Council member.
- 2) Members shall be appointed by Council for a maximum three-year term (terms to be staggered) following the recommendations of the Committee.
- 3) Chairmen of Sub-Committees shall normally be members of the Parent Committee, and will be appointed by the Parent Committee on an annual basis (with the exception of the Children's Mental Health Committee where the Chairman is appointed by the Association of Agencies for Treatment and Development [AATD])
- 4) Membership categories for the Parent Committee should include the following:
 - a) District Health Council (Chairperson)
 - b) Faculty of Health Sciences
 - c) Ministry of Community and Social Services
 - d) Regional Municipality of Hamilton-Wentworth
 - e) Consumers* (minimum of 2)
 - f) Education
 - g) Representative from HPH
 - h) Representative from General Hospitals

- i) Non-hospital provider representatives (2)
- j) Family Physician
- k) Department of Health Services
- l) Social Planning & Research Council

A balance of representation between hospital-based and non-hospital based services should be maintained.

It should be noted that Sub-Committee Chairmen may represent one of the above membership categories.

* present or past user; family member or close friend.

1. CHILDREN'S MENTAL HEALTH SUB-COMMITTEE

GOAL

To provide a forum for the discussion, coordination and collaborative planning for Children's Mental Health Services in Hamilton-Wentworth.

TERMS OF REFERENCE

- 1) To provide coordinated advice to the Ministries of Health and Community and Social Services pertaining to local children's mental health services.
- 2) The Committee shall report its activities on a regular basis and will develop a formal report at least once a year to the two parent bodies, i.e. the Association of Agencies for Treatment and Development (AATD), and the Mental Health Committee of the District Health Council.
- 3) Committee members shall have a working knowledge of the existing children's services and the appropriate legislation.
- 4) Committee members shall be familiar with the historical and current services offered by the Ministry of Health and Ministry of Community and Social Services.
- 5) Committee members shall assist in the review of children's service proposals and carry forward committee recommendations to the two parent bodies.
- 6) Committee members shall assist in the identification of gaps in services and shall report the same to the appropriate sources.
- 7) To include a health promotion aspect, as defined by the sub-committee, in future planning, as appropriate.
- 8) A linkage shall be maintained through the two parent bodies by the Executive Director of the District Health Council being a member of the AATD Administration Team, and the Executive Director of AATD being a participant on the District Health Council.

MEMBERSHIP

- 1) The Children's Mental Health Committee consists of equal representation appointed by each of the parent bodies for a maximum three-year term (terms to be staggered), i.e. AATD and the Mental Health Committee of the Health Council.
- 2) The Chairman shall be appointed by AATD.
- 3) The following service categories of membership shall be included from either of the above parent bodies:
 - Public Health
 - Child Psychiatry
 - Pediatric Medicine
 - Education
 - Consumers* (minimum of 2)
 - Family Physician

* past or present user; family member or close friend.

2. CHRONIC PSYCHIATRICALY DISABLED SUB-COMMITTEE

GOAL

To assist the Mental Health Parent Committee in order to facilitate the planning, development, coordination and maintenance of a comprehensive system of mental health care services for the chronically psychiatrically disabled in Hamilton-Wentworth.

TERMS OF REFERENCE

- 1) To develop a plan for services for the chronic psychiatrically disabled utilizing, amongst others, the recommendations of the Graham/Christopherson/DHC Reports.
- 2) To oversee the implementation of the recommendations in the above-noted reports, and others, as they relate to the District Health Council.
- 3) To facilitate the coordination of clinical programs, common approaches, and the reduction of duplication of services.
- 4) To improve administrative collaboration and planning between services.
- 5) To set priorities for new/enhanced services.
- 6) To initiate the development of proposals for new services.
- 7) To review and promote coordination of staff training initiatives.
- 8) To develop mechanisms to involve staff of all agencies and services working with this population group.
- 9) To inform and educate the public as to the plight of the chronically psychiatrically disabled.
- 10) To include a health promotion aspect, as defined by the sub-committee, in future planning, as appropriate.
- 11) To establish the necessary working groups in order to carry out the terms of reference.

MEMBERSHIP

- 1) The Chairman will be appointed by the Parent Committee on an annual basis and will normally be a member of the Parent Committee.
- 2) Membership categories shall include the following representation for a maximum three-year term (terms to be staggered):
 - a) Hamilton Psychiatric Hospital (Administration & Programs)
 - b) General Hospital Psychiatric Services
 - c) Community Mental Health Programs (Ministry of Health funded)
 - d) Drop-in Programs (including Recreation Programs)
 - e) Families
 - f) Consumers* (minimum of 2)
 - g) Housing (e.g. Lodging Homes, Hostels)
 - h) Rehabilitation Therapies (e.g. Occupational Therapy, Recreational Therapy, Vocational Assessment, etc.)
 - i) Other Ministries
 - j) Family Physicians
 - k) Other non-health funded programs
 - l) Police
 - m) Income maintenance

Such membership is to be represented on the sub-committee and/or on working groups established from time to time to address specific issues.

* past or present user; family member or close friend.

3. SUB-COMMITTEE ON MENTAL HEALTH CARE FOR THE ELDERLY

GOAL

To assist the Parent Committee to facilitate the planning, development, coordination and maintenance of a comprehensive system of mental health services for the elderly in Hamilton-Wentworth.

TERMS OF REFERENCE

1. To develop a comprehensive plan for mental health services for the elderly in Hamilton-Wentworth, including the setting of priorities.
2. To define the role of Hamilton-Wentworth as the Regional Centre which meets the mental health needs of the elderly of the greater referral area, e.g. relevant to the district.
3. To utilize, among others, in the future planning of mental health services for the elderly:
 - a) The Executive Summary and when necessary the full Report on "Psychogeriatric Services for the Central-West Area", August, 1984/September, 1984;
 - b) The response by the Central-West Area District Health Councils to the Report entitled "Psychogeriatric Services for the Central West Area", October, 1985;
 - c) The Hamilton Psychiatric Hospital proposal for specialized geriatric psychiatry services, December, 1988
 - d) "Building Community Support for People: A Plan for Mental Health in Ontario" (Graham Report), July, 1988
 - e) Geriatric Psychiatry Task Force Report
4. Assess existing community mental health services support resources (e.g. Public Health, VON) in relation to defined need and identified gaps in services.
5. To review programs/service requirements for Alzheimer patients in Hamilton-Wentworth.
6. To include in deliberations a health promotion concept in future planning for this population.

7. To recommend to the District Health Council through the Mental Health Parent Committee and the Committee on Aging the mental health care services for the elderly required in this district which will provide efficient and cost effective delivery of services/programs for this population.
8. To ensure the integration and overall planning of mental health services for the elderly in Hamilton-Wentworth.

MEMBERSHIP

1. The Chairman shall be appointed by the Parent Committee on an annual basis and shall normally be a member of the Parent Committee.
2. Membership categories shall include representation for a maximum three-year term (terms to be staggered) from at least the following:
 - a) Nursing Homes
 - b) Homes for the Aged
 - c) Chronic Care
 - d) Acute Care
 - e) Community Care
 - f) Psychiatry
 - g) Geriatric Psychiatry
 - h) Consumers* (minimum of 2)
 - i) Family
 - j) Citizen representative - senior

and shall have equal representation from various disciplines involved in mental health care for the elderly.

*past or current user; family member or close friend.

4. GENERAL (ACUTE) CARE SUB-COMMITTEE

GOAL

To assist the Mental Health Parent Committee in order to facilitate the planning, development, coordination and maintenance of a comprehensive system of general (acute) mental health care services in Hamilton-Wentworth.

TERMS OF REFERENCE

1. To identify the acute care mental health services currently in existence.
2. To identify gaps/needs in service.
3. To set appropriate priorities for new and/or enhanced services based on the identified gaps and needs.
4. To initiate the development of proposals for new services.
5. To assist in the monitoring of appropriate use of acute care mental health services.
6. To consider in its deliberations a health promotion concept in the future planning of services.
7. To develop a knowledge of the legislation governing mental health care as it affects acute care services.

MEMBERSHIP

1. The Chairman will be appointed by the Parent Committee on an annual basis and will normally be a member of the Parent Committee.
2. Membership categories should include representation, for a maximum three-year term (terms to be staggered), from the following:
 - a) In-patient services
 - b) Out-patient services
 - c) Emergency Psychiatry Services
 - d) Family physicians

- e) Department of Health Services
- f) Police
- g) Consumers* (minimum of 2)
- h) Community Counselling Services
- i) Suicide Prevention
- j) Other indirect services (e.g. Hostels)

*past or present user; family member or close friend.



Hamilton-Wentworth District Health Council

Conseil régional de santé de Hamilton-Wentworth

May 14, 1990

DISTRICT HEALTH COUNCIL SEEKING POTENTIAL MEMBERS
FOR MENTAL HEALTH SUB-COMMITTEES AND TASK FORCES

In order to better address mental health services needs in Hamilton-Wentworth, the Hamilton-Wentworth District Health Council has restructured its Mental Health Committee. This restructuring will allow for on-going participation from consumers, family members, community members and service providers. Membership on the Parent Committee, Sub-Committees, and Task Forces will ensure broad-based input into the future planning and coordination of mental health services in Hamilton-Wentworth.

The "Report of the Mental Health Committee Restructuring Sub-Group" enclosed outlines the basis for the restructuring and the Terms of Reference and suggested membership for four of the five sub-committees that initially are considered necessary, as follows:

Children's Mental Health
Chronic Psychiatrically Disabled
Mental Health Care for the Elderly
Acute (General) Mental Health Care
Transitional Aged Youth (aged 16-25) - Terms of Reference
to be developed

The Health Council is interested in receiving applications for potential membership on these sub-committees and in developing a list of resource persons for future task forces that may be required. As well, a mailing list will be developed for forums/workshops around mental health issues.

It is expected that Sub-Committees will begin to meet in September, 1990 once membership has been finalized. Task Forces will be formed by Sub-Committees, as required, on an-going basis, and a minimum of two forums/workshops per year will be planned.

If you are interested in becoming part of this process, please COMPLETE AND RETURN the enclosed application/information form BY JUNE 15, 1990 to the:

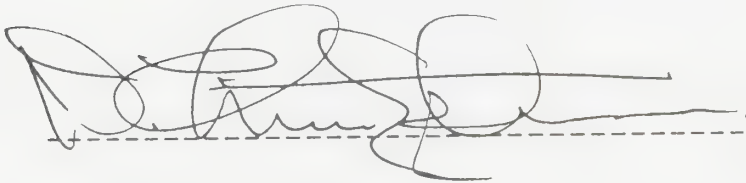
Hamilton-Wentworth District Health Council
Sanitorium Road
P.O. Box 2085, M.P.O.
Hamilton, Ontario L8N 3R5

- 2 -

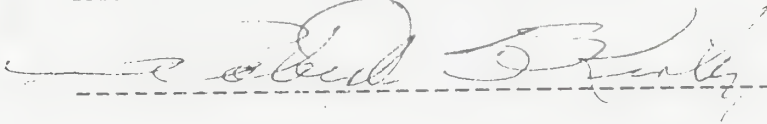
Agencies and organizations are asked to circulate this information to their staff, and especially to advise their consumers and encourage them to participate, and make copies of the application form, as required.

If you wish further information, please contact Judy Massey at the District Health Council office, 389-1321.

Yours truly,



David Christopherson
Chairperson
Mental Health Parent Committee



Robert G. Kirby
Executive Director
Hamilton-Wentworth District Health Council

APPLICATION/INFORMATION FORM FOR MENTAL HEALTH COMMITTEES

NAME _____

ADDRESS _____

TELEPHONE _____

=====

PLEASE COMPLETE RELEVANT INFORMATION BELOW:

A. I AM INTERESTED IN MEMBERSHIP ON:

a) Sub-Committee(s) addressing:

1. Children's Mental Health ()
2. Chronic Psychiatrically Disabled ()
3. Mental Health for the Elderly ()
4. Acute (General) Mental Health
Care ()
5. Transitional Aged Youth ()

b) Task Force(s) under Sub-Committee(s) above:

1. () 2. () 3. () 4. () 5. ()

B. MY REPRESENTATION WOULD BE AS A:

Consumer (); Family Member (); Community Member ();
Service Provider ()

If a service provider, please give name of agency/organization, and
identify specific program(s) area of interest and/or expertise
(e.g. vocational, rehab., social/rec., housing, etc.)

C. I WISH TO HAVE MY NAME ON A MAILING LIST FOR FORUMS/WORKSHOPS

Yes () No ()

D. ANY ADDITIONAL INFORMATION/COMMENTS you feel may be useful can
be provided on the reverse side of the form.

=====

PLEASE RETURN COMPLETED FORM BY JUNE 15, 1990 TO: Hamilton-
Wentworth District Health Council, P.O. Box 2085, M.P.O., Hamilton,
Ontario, L8N 3R5



ACCOPRESS® 

25170	YELLOW/JAUNE	BYS2507
25171	BLACK/NOIR	BGS2507
25172	BLUE/BLEU	BUS2507
25173	R. BLUE/BLEU R.	BBS2507
25175	GREEN/VERT	BPS2507
25178	RED/ROUGE	BFS2507
25179	X. RED/ROUGE X.	BXS2507

MADE IN CANADA BY/FABRIQUÉ AU CANADA PAR

ACCO CANADIAN COMPANY LIMITED
COMPAGNIE CANADIENNE ACCO LIMITÉE
TORONTO CANADA

